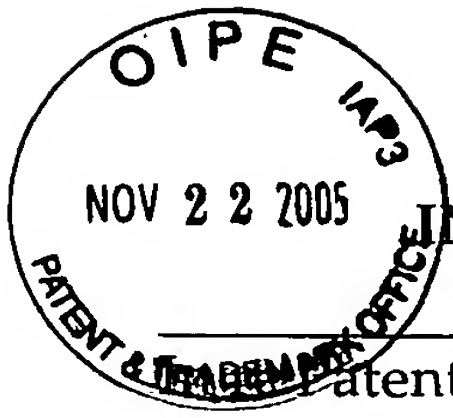


Docket No.: N9810.0032/P032
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of:
Harry A. Dugger, III

Application No.: 10/663,817

Confirmation No.: 4051

Filed: September 17, 2003

Art Unit: 1616

For: BUCCAL, POLAR AND NON-POLAR
SPRAY OR CAPSULE

Examiner: M. Haghighatian

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated July 8, 2005, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



AMENDMENT TRANSMITTAL LETTER				Docket No. N9810.0032/P032	
Application No. 10/663,817-Conf. #4051	Filing Date September 17, 2003	Examiner M. Haghighatian	Art Unit 1616		
Applicant(s): Harry A. Dugger, III					
Invention: BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	16	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					225.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					225.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<div style="margin-top: 5px;">James W. Brady, Jr. Attorney Reg. No.: 32,115 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4786</div>				Dated: <u>November 22, 2005</u>	